

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010586

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

357

STATE FILE NUMBER

FILED MAR 20 1963

VS 300
Rev. 4/59

1 5117

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DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF **F. J. Rosenthal M.D.** CERTIFICATION

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph,		c. CITY OR TOWN St. Joseph,	
Length of stay in 1b Life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1007 Main Street		d. STREET ADDRESS (If outside, give location) 1007 Main Street	
3. NAME OF DECEASED (Type or print) First EMMA Middle PAULINE Last WOLFF		4. DATE OF DEATH Month March Day 13, Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 28, 1877
9. AGE (last birthday) 85		IF UNDER 1 YEAR Months 85 Days 85 Hours 85 Min. 85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (City and state or country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Jacob Dobler		13b. MOTHER'S MAIDEN NAME Pauline Phleiderer	
14. NAME OF HUSBAND OR WIFE Paul H. Wolff		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) No	
16. SOCIAL SECURITY NO. Mr. Lewis Nash-St. Joseph, Missouri		17. INFORMANT Mr. Lewis Nash-St. Joseph, Missouri	
18. CAUSE OF DEATH (Enter only one cause per item 18a, 18b, and 18c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis DUE TO (b) Arteriosclerosis Generalized DUE TO (c) Arteriosclerosis Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 4 weeks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis Heart Disease		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5:30 a.m. PM Month, Day, Year 2-16-63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Joseph, Mo	
20g. COUNTY Buchanan		20h. STATE Missouri	
21. I attended the deceased from 2-16-63 to 3-13-63 and last saw her alive on 3-13-63 Death occurred at 5:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE F. J. Rosenthal M.D.	
22b. ADDRESS St. Joseph, Mo		22c. DATE SIGNED 3-14-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment	23b. DATE March 15, 1963	23c. NAME OF CEMETERY OR CREMATORY Ashland Mausoleum	
23d. LOCATION (City, town, or county) St. Joseph, Missouri		23e. (State) Missouri	
24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc., St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Mar 19, 1963	
26. REGISTRAR'S SIGNATURE Mr. Clark Goodell		27. (State) Missouri	

USE BLACK INK
OR
TYPEWRITER RIBBON

Permit issued 3-14-63

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211

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond A. Horn

Licensed Embalmer No. 5147

P. O. Address. St Joseph Ho

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.